



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES
Children's Nutrition Questionnaire

What Has Your Child Been Eating Lately?

During the past 4 weeks, how often did your child
eat a serving of each of the food listed here?

Mark only one X for each food

Example:

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk				X					
Hot chocolate	X								

DCN # _____

Name _____

DOB: ____/____/____

Date Assessed: ____/____/____

☐ Addition

☐ Recertification

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Milk									
Hot chocolate									
Cheese, plain or in sandwiches									
Yogurt									
Ice cream									
Pudding									
	0	1	2	3	4	5	6	7	8

What kind of milk do you usually drink? (Check one)

3 ☐ whole

5 ☐ 1%

7 ☐ chocolate milk

9 ☐ breast milk

4 ☐ 2%

6 ☐ skim

8 ☐ formula

0 ☐ other _____

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Orange juice or juice with vitamin C added									
Other juice									
Fruit drinks (Hi-C, Kool-aid, lemonade)									
Orange or grapefruit									
Bananas									
Apple or applesauce									
Grapes									
Peaches, pears, or apricots									
Strawberries									
Cantaloupe									
Watermelon									
Pineapple									
Raisins or prunes									
Fun fruits or fruit rollups									
	0	1	2	3	4	5	6	7	8

Mark only one X for each food

How often did you eat a serving of these foods during the past 4 weeks?

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Corn									
Peas									
Tomatoes, tomato sauce, salsa									
Peppers (green, red or hot)									
Carrots									
Broccoli									
Green beans									
Spinach									
Greens (mustard, turnip, kale)									
Mixed vegetables									
Squash, orange or winter									
Zucchini, yellow squash									
French fries, fried potatoes, tater tots									
Potatoes (baked, boiled, or mashed)									
Sweet potatoes or yams									
Cabbage, coleslaw or cauliflower									
Okra									
Lettuce salad									
Salad dressing or mayonnaise									
	0	1	2	3	4	5	6	7	8

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Chips (potato, corn or others)									
Popcorn or pretzels									
Crackers									
Nuts									
Cookies or brownies									
Cake or cupcake									
Pie									
Jello									
Chocolate or candy bar									
Other candy (not chocolate)									
Coffee or tea									
Soda, soft drink, pop (not sugar free)									
Soda, soft drink, pop (sugar free)									
	0	1	2	3	4	5	6	7	8

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Beans (baked, chili, or other)									
Rice									
Spaghetti or other pasta									
Pizza									
Tacos, burritos									
Macaroni and cheese									
Hot dogs									
Ground beef (hamburgers, casseroles)									
Canned tuna									
Fried fish, fish sticks									
Other fish									
Cold cuts (baloney, ham, salami)									
Fried chicken, chicken nuggets									
Other chicken or turkey									
Pork chops, pork steak, roast, or ribs									
Steak or roast (beef, deer)									
Liver, organ meats									
Peanut Butter									
Ham, baked or steak									
Bread (slice), toast, roll or pita									
Butter (not margarine)									
Margarine									
	0	1	2	3	4	5	6	7	8

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Vegetable soup									
Other soup									
Cornbread or tortilla									
Eggs									
Bacon									
Sausage									
Hot cereal, grits									
Cold cereal									
Donut									
Sweet roll, muffin, or pop tart									
Pancake, waffle, or french toast									
English muffin or bagel									
Biscuit									
	0	1	2	3	4	5	6	7	8

Children's Nutrition Questionnaire

1. How often does your child eat fried foods?

- ☐ ₀ Never
 ☐ ₁ Every day
 ☐ ₂ 4-6 times a week
 ☐ ₃ 1-3 times a week
 ☐ ₄ Less than one time a week

2. Does your child take any of the following? Mark those that apply:

- ☐ _{0/1} Vitamins
 ☐ _{0/1} Iron
 ☐ _{0/1} Fluoride
 ☐ _{0/1} None

3. Does your child drink from a cup? ☐ ₀ No ☐ ₁ Yes

4. Does your child drink from a bottle? ☐ ₀ No ☐ ₁ Yes

5. Do you give your child the bottle in bed? ☐ ₀ No ☐ ₁ Yes

6. Does your family eat meals together? ☐ ₁ Always ☐ ₂ Usually ☐ ₃ Sometimes ☐ ₄ Never ☐ ₅ Does Not Apply

7. Do you help your child clean/brush her teeth every day? ☐ ₀ No ☐ ₁ Yes

8. How many times a day does your child usually eat? Meals _____ Snacks _____

9. Does your child eat any of the following? (Mark all that apply)

- ☐ _{0/1} Dirt
 ☐ _{0/1} Crayons
 ☐ _{0/1} Paint chips
 ☐ _{0/1} Ashes
☐ _{0/1} Paper
 ☐ _{0/1} Pet food
 ☐ _{0/1} Cigarette butts
 ☐ _{0/1} Other non-food

10. Do you have any concerns about your child's eating habits? ☐ ₀ No ☐ ₁ Yes

If yes, please describe: _____

11. Does anyone living in your household smoke inside the house at this time? ☐ ₀ No ☐ ₁ Yes

12. On a typical day, how many hours per day does your child spend sitting and watching TV and video tapes?
_____ hours per day.

Your answers to the following questions will be kept confidential and will not affect your WIC and/or other benefits in any way. Please answer these questions as they apply to your household.

1. Which of the following statements best describes the food eaten in your household in the last 12 months?

- ☐ ₁ Enough and the kinds of food we want to eat
 ☐ ₂ Enough but not always the kinds of food we want to eat
☐ ₃ Sometimes not enough to eat
 ☐ ₄ Often not enough to eat
 ☐ ₅ Don't know or refused

2. (I/We) couldn't feed (my/our) child/children a balanced meal because (I/we) couldn't afford that.

- ☐ ₁ Often true
 ☐ ₂ Sometimes true
 ☐ ₃ Never true
 ☐ ₄ Don't know or refused

3. In the last 12 months, since last (name of current month) did (you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ ₁ Yes
 ☐ ₂ No
 ☐ ₃ Don't know or refused

4. If you answered "Yes" to #3 above, how often did this happen?

- ☐ ₁ Almost every month
 ☐ ₂ Some months but not every month
 ☐ ₃ Only 1 or 2 months
☐ ₄ Don't know or refused

5. In the last 12 months, did (you/or other adults in your household) ever not eat for a whole day because there wasn't enough money to buy food?

- ☐ ₁ Yes
 ☐ ₂ No
 ☐ ₃ Don't know or refused